

USAF HAZARD REPORT		HAZARD REPORT NO. (Assigned by safety Office)	
I HAZARD (To be completed by individual reporting hazard.)			
TO: CHIEF OF SAFETY (Organization and location)		FROM: (Optional - Name, Grade and Organization)	
TYPE - MODEL, SERIAL NUMBER, A.G.E./MATERIAL/FACILITIES/PROCEDURE OR HEALTH HAZARD INVOLVED			
DESCRIPTION OF HAZARD (Date, Time, SUMMARY - Who, What, When, Where, How)			
RECOMMENDATIONS (Originator - Not Mandatory)			
DATE RECEIVED	REVIEWING PERSON (Typed or printed name, grade, and position or title)	SIGNATURE	DESIGNATED OPR
DATE FORWARD			SUSPENSE DATE

## RECOMMENDATIONS (Investigator)

**SIGNATURE**